RESIDENT FUNDS PART II

Michigan Department of Consumer and Industry Services DIVISION OF ADULT FOSTER CARE LICENSING

This form or an approved substitute is to be used to record all resident care payments for adult foster care services

Resident Name	
Facility Name	License Number
Time Period Covered	
thru	

INSTRUCTIONS:

Please use a separate BRS-2319 - Resident Funds - Part II for each savings ,checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.

Type of Acc	ount		PAYMENT FOR ADULT					
SAVINGS CHECKING		CASH	FOSTER CARE SERVIO	FOSTER CARE SERVICES		OTHER (Specify)		
Date	Reason for Transaction	Resident or Designated Representative Signature	Licensee or Designee Signature	Deposit Amount (+)	Withdrawal Amount (-)	Balance Forwarded		
		0	0 0	(1)				
The Department of Consumer and Industry Services will not discriminate against		AUTHORITY: P.A. 218 of 1979.						

BRS-2319w (Rev. 10-96) Previous edition of 8-94 only may be used.

marital status, political beliefs or disability.

any individual or group because of race, sex, religion, age, national origin, color,

CONSEQUENCE: Adult Foster Care Rule Violation.

DISTRIBUTION: PART 1 - Resident Record

COMPLETION: Mandatory

PART 2 - Resident or Designated Representative